

Women, Gender and Mental Health

EPP0236

The Influence of Gender Roles on Eating Attitudes: A Study Among Female College Students

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Introduction: Eating disorders (ED) are serious mental and physical illnesses that involve complex and damaging relationships with eating, exercise, and body image. They emerge due to a multifaceted interplay of factors, including familial predispositions, personality traits, and cultural influences. While societal beauty standards are recognized as significant risk factors, it is hypothesized that the roles and responsibilities associated with adult womanhood may also contribute to their development. In particular, the unique challenges faced by women, especially in developing countries like Turkey, may lead to discontent with traditional gender roles.

Objectives: This study aims to explore the connection between eating disorders, female identity perceptions, body attitudes, expectations regarding women's roles within families, and their potential association with body dysphoria. We investigate whether eating disorders are linked to a form of sexual dysphoria and body dysmorphia related to femininity rather than solely driven by societal beauty ideals.

Methods: Data from 228 female college students, both undergraduate and graduate, were collected via online surveys. The survey instruments included a sociodemographic form, the Eating Attitude Test, the Gender Roles Attitude Scale, and the Multidimensional Body-Self Relations Questionnaire.

Results: The average age of the participants was 24.41 (18-33) years. Regression analysis revealed that age ($\beta=-0.155$, $p=0.015$), the belief that physical appearance would be less important if they were male ($\beta=0.292$, $p<0.001$), and maternal criticism about weight ($\beta=0.239$, $p<0.001$) were influential factors in shaping eating attitudes. Surprisingly, no significant relationship was found between eating attitudes and traditional gender roles ($\beta=0.072$, $p=0.246$). However, we did establish a connection between aspiring to meet ideal thinness standards and perceiving women as disadvantaged in the workplace due to their traditional gender roles ($t(226)=2.32$, $p=0.021$), as well as with maternal criticism ($t(225)=3.55$, $p<0.001$).

Conclusions: Our findings suggest that the absence of a direct link between eating attitudes and traditional gender roles may be attributed to an individual's perception of their environment rather than their self-assessment of masculinity within an egalitarian context. Notably, maternal influences specifically their criticism regarding their daughters' weight and the roles assigned to mothers significantly shape these perceptions and, consequently, eating behaviors, aligning with existing literature (Ferreira *et al.* Archives of Clinical Psychiatry 2021;48,168-177). This underscores the need to consider eating disorders within a broader biopsychosocial framework, encompassing attitudes toward the world and one's role within it.

Disclosure of Interest: None Declared

EPP0238

Domestic violence in Tunisian women during pregnancy and anxiety: which association?

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Introduction: Domestic violence is a major public health problem. The situation is alarming in Arab countries: the prevalence of domestic violence is 39.3% in Saudi Arabia, 55% in Morocco and 62.2% in Egypt.

In Tunisia, a national survey carried out by the national family planning office in 2010, published in July 2011, drew attention for the first time to the frequency of this phenomenon in Tunisia and the recurrent nature of this form of violence. Unfortunately, few studies have focused on domestic violence during pregnancy and its impact on the mental health of expectant mothers.

Objectives: To study the prevalence of domestic violence during pregnancy among Tunisian women consulting in the context of medical expertise and its association with anxiety.

Methods: Our study was descriptive and analytical cross-sectional, carried out with women examined in the context of medical expertise following domestic violence at 'Hedi Chaker hospital', Sfax, from May 2021 until January 2022.

An anonymous survey was asked to these ladies, it included a section for collecting socio-demographic data.

The HADS questionnaire was used to screen for anxiety.

Results: 122 responses were collected. The average age of victims was 35.66 ± 9.94 years.

All the women in our population study were married, and each one was a victim of at least one form of violence. The majority (86.1%) had children. Most of them had secondary (44.3%) or university (31.1%) level education.

More than half of the women (63.9%) had no occupation.

Sixty-five women (53.3%) were assaulted during pregnancy, 43% of whom suffered from complications of varying severity.

Different consequences on pregnancy were reported with decreasing prevalence: 16.9% hospitalization in a gynecological ward, 13.8% abortion, 6.2% fetal death in utero and premature delivery in 4.6% of cases.

According to the HADS, seventy-six of women surveyed (62.3%) had anxiety symptoms.

Anxiety was significantly associated with exposure to violence during pregnancy ($p=0.03$).

Conclusions: Our results showed a significant incidence of domestic violence during pregnancy and a significant association with anxiety.

Different actions must be taken towards these anxious women such as: Identify a "referent" in maternity wards to screen for domestic violence and directing women to structures and shelters that can help and, above all, protect them.

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